PRIOR STATE SERVICE QUESTIONNAIRE

The purpose of this form is to obtain information for determining the specific amount of State service to your credit. This information is needed for several reasons. One example of its use is that the amount of sick and annual leave that you accrue is determined by your length of state service. Another example is that the length of State service is used to determine the order of implementation of layoff and layoff avoidance measures.

In order to determine your length of state service, it will be necessary for you to furnish us with the information requested on the attached form. The following information should be helpful to you when completing this form.

The following examples are considered State service for leave accrual purposes:

- 1. Serving in any classified position.
- 2. Serving in any unclassified position.
 - a. Employees of state schools: teachers, substitute teachers, teacher's aids, lunchroom workers, and school bus drivers.
 - b. All employees of parish and State school boards.
 - c. State board of Commission members.
 - d. Heads of departments appointed by the Governor.
 - e. Students who were employed on the basis of their status as "Bona Fide Students" in accordance with Rule 1.5.1.
 - f. Employment with the legislature of state district courts.

These are the most common examples considered as State service for the purposes of layoff and layoff avoidance measures and are not all inclusive:

- 1. All time spent on any type of classified appointment prior to January 1, 1983.
- 2. All time spent on any type of unclassified appointment prior to January 1, 1983. See above examples 2 a f.
- 3. Classified State Service obtained after January 1, 1983, on probational, job, and permanent appointments that were not part-time intermittent and on restricted or provisional appointments that were converted to probational or job appointments and were not part-time intermittent.

It is the policy of the Human Resources Management Office to verify and credit to your leave record any prior classified state service. However, student or other unclassified employment with a public school or state university must be verified by you. It is your responsibility to provide the Human Resources Management Office with certification from the applicable school of board of you total time worked before credit can be shown on your record. If employment was not full-time, verification must be in <u>number of hours worked</u>.

When completing the attached questionnaire, list each State Agency, including this one, where you have been employed and length of service with each agency. Start with your most recent employment and work back.

After completing this questionnaire, please sign and date it.

PRIOR STATE SERVICE QUESTIONNAIRE

| Print Last Name, First, MI | | | | | Military Service Dates: (If applicable, attach DD214) | | | | to | | | | | |
|--|---|---|----------------------------|--|--|-----------|--------------------------|-------------|----|-----------------------|--|----------|--|--|
| State Agency | Employment Status (Permanent, Prob., Provisional, Job Appt., Restricted Appt., Unclassified, Student, etc.) | Employment Dates (month, day, & year) FROM - TO | Full or Part Time | No. of Hours Worked per Week | Leave Without Pay | | H.R. Office Use Only! | | | PAYROLL OFFICE USE | | | | |
| | | | | | If Yes FROM - TO | If No, | Total State Service Tot | | | | ONLY! otal State Service | | | |
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| NOTE: If ap | plicable, deduct LV | OP and Service p | rior to ret | irement. | | | | | | | | | | |
| | TOTAL STATE S | ERVICE | 1444 | | | | 10000 | e interior. | | | | SPANIES. | | |
| ARE YOU RETIRED FR | | | | YES | NO | | | | | | | | | |
| I DO HEREBY CERTIFY THAT THE INFORMATION LISTED BY ME IS A COMPLETE TO THE BEST OF MY KNOWLEDGE. | | | | CCURATE AND | | | Adjusted Service Date | | | • | Leave Accrual Service Time (Years, months, | | | |
| Employee Si | | | | | ignature | | | Date | | | | & days) | | |